

Fill in this information to identify your case:

Debtor 1	<b>Vernon Holloway</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Heather Holloway</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF MISSISSIPPI</b>			
Case number (if known)	<b>15-13024</b>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ <b>0.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>0.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>19,632.50</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>19,632.50</b>

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ <b>18,506.00</b>
2a.	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...	\$ <b>18,506.00</b>
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ <b>2,731.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <b>2,731.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <b>83,285.81</b>
		<b>Your total liabilities</b> \$ <b>104,522.81</b>

#### Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ <b>3,484.56</b>
	Copy your combined monthly income from line 12 of Schedule I.....	\$ <b>3,484.56</b>
5.	Schedule J: Your Expenses (Official Form 106J)	\$ <b>3,480.00</b>
	Copy your monthly expenses from line 22c of Schedule J.....	\$ <b>3,480.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?  
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes
- What kind of debt do you have?  
 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 Vernon Holloway  
Debtor 2 Heather Holloway  
the court with your other schedules.

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8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 4,772.54

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

From Part 4 on <b>Schedule E/F</b> , copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>2,731.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>18,216.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total. Add lines 9a through 9f.</b>	<b>\$ <u>20,947.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Vernon Holloway</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Heather Holloway</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF MISSISSIPPI</b>			
Case number	<b>15-13024</b>		

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## Official Form 106A/B

### Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.  
 Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: **Chevrolet**  
Model: **Silverado**  
Year: **2007**  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?  Current value of the portion you own?

**\$13,387.50** **\$13,387.50**

3.2 Make: **Ford**  
Model: **Taurus**  
Year: **2005**  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?  Current value of the portion you own?

**\$3,420.00** **\$3,420.00**

Debtor 1 **Vernon Holloway**  
Debtor 2 **Heather Holloway**

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**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

No  
 Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$16,807.50**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

No

Yes. Describe.....

<b>Living Room Set</b>	<b>\$125.00</b>
<b>Dining Room Set</b>	<b>\$50.00</b>
<b>Bedroom Set #1</b>	<b>\$200.00</b>
<b>Bedroom Set #2</b>	<b>\$100.00</b>
<b>Bedroom Set #3</b>	<b>\$100.00</b>
<b>Washer/Dryer</b>	<b>\$100.00</b>
<b>Stove</b>	<b>\$75.00</b>
<b>Refrigerator</b>	<b>\$100.00</b>
<b>Freezer</b>	<b>\$50.00</b>
<b>Rainbow Vacuum Cleaner</b>	<b>\$250.00</b>

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

No

Yes. Describe.....

<b>TV</b>	<b>\$75.00</b>
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Debtor 1 Vernon Holloway  
Debtor 2 Heather Holloway

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**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Wearing Apparel**

**\$450.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**Tires and Rims**

**\$800.00**

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$2,475.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**Cash on Hand**

**\$350.00**

Debtor 1 **Vernon Holloway**  
Debtor 2 **Heather Holloway**

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**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

<b>17.1. Checking</b>	<b>Cadence</b>	<b>\$0.00</b>
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**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the**

Official Form 106A/B

Schedule A/B: Property

**page 4**

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Best Case Bankruptcy

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Debtor 2 Heather Holloway

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portion you own?  
Do not deduct secured  
claims or exemptions.

28. Tax refunds owed to you

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Tax Refund for 2015

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

All Social Security Benefits

\$0.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No  
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No  
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$350.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

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Debtor 2 Heather Holloway

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Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

Part 7: **Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

Part 8: **List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	.....	<u>\$0.00</u>
56. Part 2: Total vehicles, line 5	.....	<u>\$16,807.50</u>
57. Part 3: Total personal and household items, line 15	.....	<u>\$2,475.00</u>
58. Part 4: Total financial assets, line 36	.....	<u>\$350.00</u>
59. Part 5: Total business-related property, line 45	.....	<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52	.....	<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	+	<u>\$0.00</u>
62. Total personal property. Add lines 56 through 61...	.....	<u>\$19,632.50</u> Copy personal property total <u>\$19,632.50</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62	.....	<u>\$19,632.50</u>

Fill in this information to identify your case:

<b>Debtor 1</b>	<b>Vernon Holloway</b>		
	First Name	Middle Name	Last Name
<b>Debtor 2</b> (Spouse if, filing)	<b>Heather Holloway</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF MISSISSIPPI		
Case number (if known)	15-13024		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i>		<i>Check only one box for each exemption.</i>	
<b>2005 Ford Taurus</b> Line from <i>Schedule A/B</i> : 3.2	<u>\$3,420.00</u>	<input checked="" type="checkbox"/> <u>\$1,620.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Living Room Set</b> Line from <i>Schedule A/B</i> : 6.1	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Dining Room Set</b> Line from <i>Schedule A/B</i> : 6.2	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Bedroom Set #1</b> Line from <i>Schedule A/B</i> : 6.3	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Bedroom Set #2</b> Line from <i>Schedule A/B</i> : 6.4	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)

Debtor 1 **Vernon Holloway**  
Debtor 2 **Heather Holloway**

Case number (if known)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>Bedroom Set #3</b> Line from Schedule A/B: 6.5	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Washer/Dryer</b> Line from Schedule A/B: 6.6	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Stove</b> Line from Schedule A/B: 6.7	<u>\$75.00</u>	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Refrigerator</b> Line from Schedule A/B: 6.8	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Freezer</b> Line from Schedule A/B: 6.9	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>TV</b> Line from Schedule A/B: 7.1	<u>\$75.00</u>	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Wearing Apparel</b> Line from Schedule A/B: 11.1	<u>\$450.00</u>	<input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>Cash on Hand</b> Line from Schedule A/B: 16.1	<u>\$350.00</u>	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
<b>All Social Security Benefits</b> Line from Schedule A/B: 30.1	<u>\$0.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407

3. Are you claiming a homestead exemption of more than \$170,350?  
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

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	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Heather Holloway</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF MISSISSIPPI		
Case number (if known)	15-13024		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 Internal Revenue Service	Last 4 digits of account number	\$2,731.00	\$2,731.00	\$0.00
Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations			
<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Yes	2014 Taxes			

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known)

15-13024

4.1	<b>Accounts Receivable Management Services</b>  Nonpriority Creditor's Name <u>P.O. Box 638</u> <u>Paris, TN 38242-0638</u> Number Street City State Zip Code  Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<b>\$403.16</b>
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u>		
4.2	<b>ADT Security</b>  Nonpriority Creditor's Name <u>14200 East Exposition Ave.</u> <u>Aurora, CO 80012</u> Number Street City State Zip Code  Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<b>\$114.77</b>
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u>		
4.3	<b>Advance Money Payday</b>  Nonpriority Creditor's Name <u>702 West Commerce St.</u> <u>Aberdeen, MS 39730</u> Number Street City State Zip Code  Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<b>\$280.00</b>
	When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Check Cashing Service</u>		

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

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**4.4**

<b>Alliance Collection</b> Nonpriority Creditor's Name <b>P.O. Box 49</b> <b>Tupelo, MS 38802</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$3,300.23</b>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection for Delinquent Account</b>		

**4.5**

<b>Ambetter from Magnolia Health</b> Nonpriority Creditor's Name <b>P.O. Box 25408</b> <b>Little Rock, AR 72221</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1,611.42</b>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Service</b>		

**4.6**

<b>AMCA</b> Nonpriority Creditor's Name <b>P.O. Box 1235</b> <b>Elmsford, NY 10523-0935</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$626.73</b>
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection for Delinquent Account</b>		

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known)

**15-13024**

**4.7** **AmeriCollect Inc.** \$383.12  
 Nonpriority Creditor's Name  
**P.O. Box 1566**  
**Manitowoc, WI 54221-1566**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Other. Specify **Collection for Delinquent Account**  
 Yes

**4.8** **Apria Healthcare** \$644.52  
 Nonpriority Creditor's Name  
**P.O. Box 536841**  
**Atlanta, GA 30353**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Other. Specify **Medical Service**  
 Yes

**4.9** **BancorpSouth** \$67.00  
 Nonpriority Creditor's Name  
**Bankruptcy Department**  
**P.O. Box 4360**  
**Tupelo, MS 38803-4360**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Other. Specify **NSF**  
 Yes

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known)

15-13024

<p><b>4.1 0</b></p> <p><b>Baptist Memorial Hospital</b></p> <p>Nonpriority Creditor's Name  <b>P.O. Box 17127          Memphis, TN 38187-0127</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u></p>	<p>Last 4 digits of account number <u>                        \$30.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>
<hr/>	
<p><b>4.1 1</b></p> <p><b>BMH-GT, Inc.</b></p> <p>Nonpriority Creditor's Name  <b>c/o BMH-CRNA          P.O. Box 1785          Easton, MD 21601</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u></p>	<p>Last 4 digits of account number <u>                        \$414.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>
<hr/>	
<p><b>4.1 2</b></p> <p><b>Cadence Bank</b></p> <p>Nonpriority Creditor's Name  <b>P.O. Box 43467          Birmingham, AL 35243</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Non-Sufficient Fund Fees</u></p>	<p>Last 4 digits of account number <u>                        \$500.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p>

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known)

**15-13024**

4.1 3	<b>Capital One</b> Nonpriority Creditor's Name <u>P.O. Box 30281</u> <u>Salt Lake City, UT 84130</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Service</u>
		<b>\$451.82</b>
4.1 4	 <b>CashNetUSA</b> Nonpriority Creditor's Name <u>175 West Jackson Blvd., Ste. 1000</u> <u>Chicago, IL 60606-6941</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Check Cashing Service</u>
		<b>\$800.00</b>
4.1 5	<b>Cigna Healthcare</b> Nonpriority Creditor's Name <u>P.O. Box 5200</u> <u>Scranton, PA 18505-5200</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>
		<b>\$78.75</b>

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known)

15-13024

<p><b>4.1</b> <b>6</b></p> <p><b>Dignity Collect</b>                      Nonpriority Creditor's Name  <u>721 Main St., Ste. 100</u>  <u>Grandview, MO 64030</u>                      Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u></p>	<p>Last 4 digits of account number _____ <b>\$102.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>
<hr/> <p><b>4.1</b> <b>7</b></p> <p><b>DIRECTV, LLC by American InfoSource</b>                      Nonpriority Creditor's Name  <u>as agent</u>  <u>4515 N Santa Fe Ave.</u>  <u>Oklahoma City, OK 73118</u>                      Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>Cable/Satellite</u></p>	
<hr/> <p><b>4.1</b> <b>8</b></p> <p><b>Dish</b>                      Nonpriority Creditor's Name  <u>P.O. Box 94063</u>  <u>Palatine, IL 60094</u>                      Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> Other. Specify <u>Cable/Satellite</u></p>	

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known)

**15-13024**

4.1 9 	<p><b>EnduraCare AcuteCare Service LLC</b></p> <p>Nonpriority Creditor's Name  <b>P.O. Box 654188 Dallas, TX 75265</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Service</b></p>	<b>\$190.12</b>
<hr/>		
4.2 0	<p><b>Fed Loan Servicing</b></p> <p>Nonpriority Creditor's Name  <b>P.O. Box 69184 Harrisburg, PA 17106</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input checked="" type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <b>Student Loan</b></p>	<b>\$18,216.00</b>
<hr/>		
4.2 1	<p><b>First Collection Service</b></p> <p>Nonpriority Creditor's Name  <b>10923 Otter Creek Road East Mabelvale, AR 72103</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection for Delinquent Account</b></p>	<b>\$211.00</b>

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

4.2 2	<b>Franklin Collection Service</b> Nonpriority Creditor's Name <u>P.O. Box 3910</u> <u>Tupelo, MS 38803</u> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? _____	\$1,965.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u>			
4.2 3	<b>Greentrust Cash</b> Nonpriority Creditor's Name <u>P.O. Box 340</u> <u>Hays, MT 59527</u> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? _____	\$500.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Online Loan</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Online Loan</u>			
4.2 4	<b>Healthcare Financial Services</b> Nonpriority Creditor's Name <u>P.O. Box 320309</u> <u>Flowood, MS 39232-0309</u> Number Street City State Zip Code	Last 4 digits of account number _____  When was the debt incurred? _____	\$614.00
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u>			

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known)

15-13024

4.2  
5

**J. Barton Williams, M.D.**

Nonpriority Creditor's Name

**3491 Bluecutt Rd., Ste. 3  
Columbus, MS 39705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Service

4.2  
6

**Legal Zoom**

Nonpriority Creditor's Name

**900 Spectrum Drive  
Austin, TX 78717**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Collection for Delinquent Account

4.2  
7

**LifeCore Health Group**

Nonpriority Creditor's Name

**2434 S. Eason Blvd.  
Tupelo, MS 38804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Service

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known)

**15-13024**

4.2  
8

**Lincare**

Nonpriority Creditor's Name

**P.O. Box 996**

**Blue Springs, MO 64013-0996**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$14.24**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection for Delinquent Account**

4.2  
9

**Money Matters**

Nonpriority Creditor's Name

**601 West Commerce St.**

**Aberdeen, MS 39730**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$500.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Check Cashing Service**

4.3  
0

**Monroe Regional Hospital**

Nonpriority Creditor's Name

**P.O. Box 903**

**Bedford Park, IL 60499-0903**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$371.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Service**

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known) **15-13024**

4.3 1	<b>Monroe Regional Hospital</b> Nonpriority Creditor's Name <b>400 South Chestnut St. Aberdeen, MS 39730</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical Service</b> <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$102.00</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
4.3 2	<b>MRH Medical Group Hamilton</b> Nonpriority Creditor's Name <b>40128 Hamilton Rd. Hamilton, MS 39746</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical Service</b> <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$25.00</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
4.3 3	<b>NCO Financial Systems</b> Nonpriority Creditor's Name <b>P.O. Box 15630 Wilmington, DE 19850</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection for Delinquent Account</b> <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$683.72</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known)

15-13024

4.3  
4

<b>Nissan Motor Acceptance</b>	Last 4 digits of account number	<u>\$10,631.00</u>
Nonpriority Creditor's Name <b>P.O. Box 660366 Dallas, TX 75266-0366</b>	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Deficiency Amount</u>	

4.3  
5

<b>NMHS Centreal Billing Office</b>	Last 4 digits of account number	<u>\$190.95</u>
Nonpriority Creditor's Name <b>P.O. Box 679897 Dallas, TX 75267</b>	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	

4.3  
6

<b>North MS Medical Center</b>	Last 4 digits of account number	<u>\$10,560.84</u>
Nonpriority Creditor's Name <b>P.O. Box 2240 Tupelo, MS 38803-2240</b>	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

4.3  
7

**North MS Medical Clinics**

Nonpriority Creditor's Name

P.O. Box 14099

Belfast, ME 04915

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$348.35**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Service

4.3  
8

**OppLoans**

Nonpriority Creditor's Name

130 E Randolph St. Suite 3400

Chicago, IL 60601-6379

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,400.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Online Loan

4.3  
9

**Otolaryngology Associates**

Nonpriority Creditor's Name

2430 5th St. N.

Columbus, MS 39705

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$378.75**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Service

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known) **15-13024**

**4.4  
0**

<b>PathGroup Labs LLC</b> Nonpriority Creditor's Name <b>P.O. Box 740858 Cincinnati, OH 45274</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$16.30
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical Service</b> <input type="checkbox"/> Yes		

**4.4  
1**

<b>PCH of Aberdeen</b> Nonpriority Creditor's Name <b>400 South Chestnut St. Aberdeen, MS 39730</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$549.84
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical Service</b> <input type="checkbox"/> Yes		

**4.4  
2**

<b>Pioneer Community Hospital</b> Nonpriority Creditor's Name <b>P.O. Box 1660 Greeley, CO 80632</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$546.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection for Delinquent Account</b> <input type="checkbox"/> Yes		

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

4.4 3	<b>Pioneer Community Hospital</b> Nonpriority Creditor's Name <u>P.O. Box 1100</u> <u>Magee, MS 39111</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	<b>\$3,360.94</b>
4.4 4	<b>Prairie Anesthesia Partners</b> Nonpriority Creditor's Name <u>P.O. Box 297</u> <u>Dalton, GA 30722</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	<b>\$1,982.00</b>
4.4 5	<b>Premier Radiology</b> Nonpriority Creditor's Name <u>P.O. Box 830525, R#24</u> <u>Birmingham, AL 35283-0525</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	<b>\$1,069.12</b>

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known) **15-13024**

4.4  
6

**Progressive**

Nonpriority Creditor's Name

**P.O. Box 894105  
Los Angeles, CA 90189**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$259.20**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection for Delinquent Account**

4.4  
7

**Quic Loans**

Nonpriority Creditor's Name

**2211 Hwy 45 North  
Suite #4  
Columbus, MS 39705**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$1,800.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Check Cashing Service**

4.4  
8

**SKO Brenner American, Inc.**

Nonpriority Creditor's Name

**P.O. Box 406  
Farmingdale, NY 11735-0230**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

**\$159.90**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collection for Delinquent Account**

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known) **15-13024**

4.4  
**Sleep Management Solutions** \$24.38  
 Nonpriority Creditor's Name  
**P.O. Box 277947  
Atlanta, GA 30384**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Medical Service**

4.5  
**SpeedyRapid Cash** \$724.20  
 Nonpriority Creditor's Name  
**P.O. Box 780408  
Wichita, KS 67278**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Check Cashing Service**

4.5  
**Transworld Systems, Inc.** \$200.63  
 Nonpriority Creditor's Name  
**P.O. Box 15609  
Wilmington, DE 19850**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No       Student loans  
 Yes       Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection for Delinquent Account**

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

4.5  
**2**

<b>TRS Recovery</b> Nonpriority Creditor's Name <u>P.O. Box 60022</u> <u>City of Industry, CA 91716-0022</u> Number Street City State Zip Code	Last 4 digits of account number _____	\$654.16
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u> <input type="checkbox"/> Yes		

4.5  
**3**

<b>TSI/33</b> Nonpriority Creditor's Name <u>P.O. Box 15609</u> <u>Wilmington, DE 19850</u> Number Street City State Zip Code	Last 4 digits of account number _____	\$199.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u> <input type="checkbox"/> Yes		

4.5  
**4**

<b>Tupelo Pathology Group</b> Nonpriority Creditor's Name <u>5700 Southwyck Blvd.</u> <u>Toledo, OH 43614-1509</u> Number Street City State Zip Code	Last 4 digits of account number _____	\$22.30
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Service</u> <input type="checkbox"/> Yes		

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known)

**15-13024**

4.5 5	<b>Tupelo Service Finance</b> Nonpriority Creditor's Name <b>P.O. Box 1791</b> <b>Tupelo, MS 38802-1791</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for Delinquent Account</u>	<b>\$8,103.63</b>
4.5 6	<b>Urology Associates</b> Nonpriority Creditor's Name <b>P.O. Box 829</b> <b>Tupelo, MS 38802</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Service</u>	<b>\$4,375.00</b>
4.5 7	<b>Webbank/Fingerhut</b> Nonpriority Creditor's Name <b>6250 Ridgewood Road</b> <b>Saint Cloud, MN 56303</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card Service</u>	<b>\$664.19</b>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

Name and Address  
 **Convergent Outsourcing**  
 P.O. Box 9004  
 Renton, WA 98057

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**U.S. Attorney**  
**Re: Student Loan & IRS**  
 900 Jefferson Ave.  
 Oxford, MS 38655

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>2,731.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	<b>6e. \$ <u>2,731.00</u></b>
Total claims from Part 2	6f. Student loans	6f. \$ <u>18,216.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>65,069.81</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	<b>6j. \$ <u>83,285.81</u></b>

Fill in this information to identify your case:	
Debtor 1	Vernon Holloway
Debtor 2 (Spouse, if filing)	Heather Holloway
United States Bankruptcy Court for the: NORTHERN DISTRICT OF MISSISSIPPI	
Case number (if known)	15-13024

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

**Debtor 1**

Employed  
 Not employed

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

Occupation

**Self Employed Truck Driver**

**Rec. SSDI**

Employer's name

\_\_\_\_\_

\_\_\_\_\_

Employer's address

\_\_\_\_\_

\_\_\_\_\_

How long employed there? **1 Month**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
--	---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

2.	\$ <u>4,624.49</u>	\$ <u>0.00</u>
3.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	\$ <u>4,624.49</u>	\$ <u>0.00</u>

Debtor 1 **Vernon Holloway**  
 Debtor 2 **Heather Holloway**

Case number (if known) **15-13024**

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	<b>4.</b> \$ <b>4,624.49</b>	\$ <b>0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,139.93</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.</b>	<b>6.</b> \$ <b>1,139.93</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	<b>7.</b> \$ <b>3,484.56</b>	\$ <b>0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	<b>9.</b> \$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10.</b> \$ <b>3,484.56</b>	+ \$ <b>0.00</b> = \$ <b>3,484.56</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</b>	<b>12.</b> \$ <b>3,484.56</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	Vernon Holloway
Debtor 2 (Spouse, if filing)	Heather Holloway
United States Bankruptcy Court for the: NORTHERN DISTRICT OF MISSISSIPPI	
Case number (If known)	15-13024

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Son	15	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Daughter	17	

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses  
\_\_\_\_\_

4. \$ 400.00

If not included in line 4:

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 85.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

##### 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Vernon Holloway  
 Debtor 2 Heather Holloway

Case number (if known) 15-13024

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>400.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>375.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>850.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>
10. Personal care products and services	10. \$ <u>85.00</u>
11. Medical and dental expenses	11. \$ <u>200.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>350.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>150.00</u>
14. Charitable contributions and religious donations	14. \$ <u>100.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>260.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Calculate your monthly expenses 22a. Add lines 4 through 21.	\$ <u>3,480.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,480.00</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,480.00</u>
23. Calculate your monthly net income. 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,484.56</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,480.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>4.56</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Fill in this information to identify your case:

Debtor 1	<b>Vernon Holloway</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Heather Holloway</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF MISSISSIPPI		
Case number (if known)	15-13024		

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

creditors have claims secured by your property, or

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Belmont Finance

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a

*Reaffirmation Agreement.*

Retain the property and [explain]:

Description of property securing debt: Rainbow Vacuum Cleaner

Creditor's name: Credit Acceptance

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a

*Reaffirmation Agreement.*

Retain the property and [explain]:

Description of property securing debt: 2007 Chevrolet Silverado

Creditor's name: Money Matters

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a

*Reaffirmation Agreement.*

Retain the property and [explain]:

Description of property: 2005 Ford Taurus

Debtor 1 Vernon Holloway  
Debtor 2 Heather Holloway

Case number (if known) 15-13024

securing debt: \_\_\_\_\_

Creditor's **Progressive Financial Services**

name:

Description of **Tires and Rims**

property

securing debt: \_\_\_\_\_

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a  
*Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

No

Description of leased  
Property:

Yes

Debtor 1 Vernon Holloway  
Debtor 2 Heather Holloway

Case number (*if known*) 15-13024

Part 3: **Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Vernon Holloway

**Vernon Holloway**

Signature of Debtor 1

/s/ Heather Holloway

**Heather Holloway**

Signature of Debtor 2

Date October 17, 2019

Date October 17, 2019

Ambetter from Magnolia Health  
P.O. Box 25408  
Little Rock, AR 72221

AmeriCollect Inc.  
P.O. Box 1566  
Manitowoc, WI 54221-1566

BancorpSouth  
Bankruptcy Department  
P.O. Box 4360  
Tupelo, MS 38803-4360

Baptist Memorial Hospital  
P.O. Box 17127  
Memphis, TN 38187-0127

BMH-GT, Inc.  
c/o BMH-CRNA  
P.O. Box 1785  
Easton, MD 21601

CashNetUSA  
175 West Jackson Blvd., Ste. 1000  
Chicago, IL 60606-6941

Convergent Outsourcing  
P.O. Box 9004  
Renton, WA 98057

Dignity Collect  
721 Main St., Ste. 100  
Grandview, MO 64030

DIRECTV, LLC by American InfoSource  
as agent  
4515 N Santa Fe Ave.  
Oklahoma City, OK 73118

Dish  
P.O. Box 94063  
Palatine, IL 60094

EnduraCare AcuteCare Service LLC  
P.O. Box 654188  
Dallas, TX 75265

Greentrust Cash  
P.O. Box 340  
Hays, MT 59527

Healthcare Financial Services  
P.O. Box 320309  
Flowood, MS 39232-0309

J. Barton Williams, M.D.  
3491 Bluecutt Rd., Ste. 3  
Columbus, MS 39705

LifeCore Health Group  
2434 S. Eason Blvd.  
Tupelo, MS 38804

Monroe Regional Hospital  
P.O. Box 903  
Bedford Park, IL 60499-0903

Monroe Regional Hospital  
400 South Chestnut St.  
Aberdeen, MS 39730

MRH Medical Group Hamilton  
40128 Hamilton Rd.  
Hamilton, MS 39746

NMHS Centreal Billing Office  
P.O. Box 679897  
Dallas, TX 75267

North MS Medical Center  
P.O. Box 2240  
Tupelo, MS 38803-2240

North MS Medical Clinics  
P.O. Box 14099  
Belfast, ME 04915

OppLoans  
130 E Randolph St. Suite 3400  
Chicago, IL 60601-6379

PathGroup Labs LLC  
P.O. Box 740858  
Cincinnati, OH 45274

Prairie Anesthesia Partners  
P.O. Box 297  
Dalton, GA 30722

Premier Radiology  
P.O. Box 830525, R#24  
Birmingham, AL 35283-0525

Quic Loans  
2211 Hwy 45 North  
Suite #4  
Columbus, MS 39705

SKO Brenner American, Inc.  
P.O. Box 406  
Farmingdale, NY 11735-0230

SpeedyRapid Cash  
P.O. Box 780408  
Wichita, KS 67278

Tupelo Pathology Group  
5700 Southwyck Blvd.  
Toledo, OH 43614-1509

Urology Associates  
P.O. Box 829  
Tupelo, MS 38802